

Senior Services General Registration Form

EFFECTIVE JANUARY 1, 2015 THROUGH DECEMBER 31, 2016

A Division of the Recreation & Community Services Department in the Senior & Community Center

PARTICIPANT:

New Address? _____

Name: _____

First

Last

DOB: ____ / ____ / ____ Age: ____ Sex: ____

Street Address: _____

City/Town: _____ Zip: _____

Phone: Home _____ Cell _____

Email: _____

EMERGENCY CONTACT:

Name: _____

First

Last

Relationship: _____

Street Address: _____

City/Town: _____ Zip: _____

Phone: Home _____ Cell _____

Email: _____

SPECIAL CONDITIONS:

NEWSLETTER:

I would like to receive a copy of the "Middletown Prime Times" by mail each month ☐ Yes ☐ No

MEDICAL RELEASE/INDEMNITY WAIVER:

In order to participate in Senior Services Programs, I understand and agree that programs can be physically demanding, but I have the physical ability needed to participate. In the event photos are taken I hereby give permission for Senior Services to use said photos in promotional literature including but not limited to, brochures and flyers. In the event of an emergency and the emergency contact person cannot be reached, I hereby give permission to be transported to the Middlesex Hospital or any nearby medical facility. It is hereby understood and agreed that I shall assume full financial responsibility for any costs over and above that which is not covered by my health insurance. To the fullest extent permitted by law, I agree to indemnify and hold harmless the City of Middletown and its employees from any injuries or damages caused by or resulting from participation in any program offered by the Middletown Senior Services Division. A photo static copy of this waiver form with my signature shall be considered as valid as the original.

REFUND POLICY:

I understand and agree that program refunds will not be given after the program starts or for circumstances beyond the control of the Senior Services Division (e.g. weather, equipment failure). Whenever possible, cancelled class(es) will be rescheduled.

RULES & CODE OF CONDUCT:

I have been issued the Senior Services Division Membership Rules and Code of Conduct. I understand that complying with these rules is a condition of membership.

Signature (required)

X

Date